

Irving's Home Center Cash Account Application

Individual:

Business:

PLEASE PRINT

Name: _____ Phone: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Are you Tax Exempt: **Y** or **N** If you are tax exempt, for what reason: _____
(All Tax Exempt Accounts must provide proper documentation an ST-5 AND ST-2 form)

E-Mail: _____
(You will receive our monthly newsletter with offers & promos. If you do not wish to receive our newsletter, check here _____).

Business Information (if applicable):

Legal Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Type of Account (check one): _____ Personal _____ Painting Contractor _____ Builder
 _____ Non-Profit Organization _____ Landlord/Property Mgt. _____ Commercial _____ Deleader

Date: _____ **Signed:** _____